FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

| | DR-24/GA TOROLOSURE |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| mittee_ | (Report/2003) CREPORT/) For Office Use pay Comm. # (COMM) (Property of the pay Property of the pay Propert |
| Candidate | Logged In S Scanned Computer |
| , | Audited |

| DIOCECCINE COMMUNICATION | | 7 (Re | 2007/2003) U/SEPORM/ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------|-------------------------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) | | | 907/2003) U/SEPORT/) |
| Appanoose County Republican Cent | For | Office Use Day | |
| IMPORTANT: Indicate type of committee you are reporting for: | | nm.# | |
| (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City C (8) Support Slate of Candidates | Sca | nned | |
| CANDIDATE COMMITTEES ONLY: | | Aud | lited |
| Candidate Name | Political Party | L_ | |
| | | | |
| Office Sought | District (if Senate or House) | | |
| Mary Cha Witness | 641-647-2624 | , | 7-14-0 9 |
| SIGNATURE OF TREASURER (or person filing this report) | | | DATE SIGNED |
| SIGNATURE OF TREASURER (or person lining this report) | , LLLI TIONS | | |
| Late filed reports are subject to SEE INSTRUCTIONS ON BACK AND COMPLETE THE | | | nalties. |
| | REPORT FOR AN/A (1) ELE | | NON-ELECTION YEAR. |
| I AM FILING A 7-14-08 (report date) | NEFUNI FUN ANIA (I) ELE | | |
| Indicate one | · | | W. D. J. C. |
| CHECK IF AMENDMENT TO REPORT DATED | | Local Com | mittees, enter Date of Election |
| CHECK IF AMENDMENT TO REPORT DATED | | App | ocal Committees, enter County in |
| | f Dissolution Form DP-3 | | tion is held |
| Check if this is final (termination) report and attach Notice o (You must continue to file reports until a Notice of Dis | solution is filed.) | | |
| CASH ON HAND at the beginning of the reporting period. (Th | | | 4002 10 |
| of the last reporting period, or must be zero if this is fi | rst report filed.) | \$ | 4002.10 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | a as as a second second | | |
| Schedule A: Cash Contributions total (Attach Schedu | ule A) (*also see in-kind below) | | |
| Schedule F: Loans Received total (Attach Schedule | | | |
| Schedule H: Total Sales of Campaign Property (Atta | | | |
| (Schedule H applies to Candidates' Com | | | |
| | SUB-TO | TAL\$ | 4002.10 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | | |
| Schedule B: Expenditures total (Attach Schedule B) | (**also see debts and loans be | elow) | 182.00 |
| Schedule F: Loan Repayments total (Attach Schedu | | | |
| CASH ON HAND at the end of this reporting period (if final re | port, balance must | | |
| be zero) (Attach DR-3) | | \$ | 3820.10 |
| | | | |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | | | |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche | eaule =) | φ | |
| **OUTSTANDING LOANS (From Schedule F - Attach Sched | ule +) | Φ | |
| CANDIDATE COMMITTEES ONLY: | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | | LYES LINO |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Att | ach Schedule H) | \$ | |

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE ICWA ETHICS & CAMPAIGN DISCLOSURE BCARD.

| SCHEDULE B (Rev. 09/97) | MCNETARY EXPENDITURES | | |
|-------------------------------|-------------------------------|--|--|
| | CK THIS BOX IF ENDING FORM | | |

COMMITTEE NAME (Must be same as on Statement of Organization)

| DATE EXPENDED MM/DD/YR) | ID N' (if ap ANI C' | DIDATE UMBER plicable) D PAC HECK MBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMCUNT EXPENDED |
|---------------------------------------|------------------------------|----------------------------------------|--------------------------------------------------------------------|-----------------------------------|--------------------|
| 5/26/ | ID#) & K# | 1367 | Appanoose County Fair Centerville, Iowa 525 | Booth 44 | \$ 140.00 |
| 6/11/08 | ID# CK# | 1368 | Marilyn Gordan Plano, lowa | Keimbursement - Postage | 42.00 |
| | ID# | | | | |
| | CK# | | · | | |
| | ID# | | | | |
| | CK# | | | • | |
| | ID# | | | | |
| | CK# | | | | |
| , , , , , , , , , , , , , , , , , , , | ID# | | | | |
| | CK# | | | | |
| | ID# | | | , | |
| | CK# | | | | |
| | ID# | - | | | |
| | CK# | | | | |
| | | | | SUB-TOTAL | 1.\$ |

TOTAL (if last page of this schedule) | \$

182.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Excenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

| Pace | 1 | of | 1 |
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